

**Virginia Department of Social Services**

**The Virginia Putative Father Registry**

**Request to Search Form**

Please print or type

Name of Person Requesting Search \_\_\_\_\_  
Law Firm or Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Select status to search the registry. Information in the Putative Father Registry is confidential may be release on upon request to:

- ☐ Mother of the child
- ☐ Attorney representing a party in an adoption proceeding
- ☐ A party to an adoption proceeding
- ☐ Attorney representing a party in a termination of parental rights proceeding
- ☐ A party to a termination of parental rights proceeding
- ☐ Child Placing Agency/Local Department of Social Services
- ☐ Court or person designated by the court
- ☐ Other State Putative Father Registry
- ☐ Support Enforcement

**The Virginia Putative Father Registry does not establish paternity. The registration may be used to help establish paternity. Section 63.2-1250 Code of Virginia requires the child-placing agency or adoptive parent(s) to give notice of a proceeding for adoption or termination of parental rights regarding, a child to a registrant who has timely registered.**

I certify that I am authorized as selected from the list above as a person or representative of an agency to request a search of the Virginia Putative Father Registry.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Signature

State \_\_\_\_\_

City/County \_\_\_\_\_

Sworn and subscribe before me. This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_  
032-02-0501-00-eng

My commission expires: \_\_\_\_\_.

# The Virginia Putative Father Registry Search Form

The Virginia Putative Father Registry does not establish paternity. The registration may be used to help establish paternity, but does not start the legal process to establish paternity.

## Instructions:

- Please print or type and send to:  
The Virginia Putative Father Registry, Virginia Department of Social Services, 7 North Eighth St., Richmond, VA 23219-3301
- Please complete all items. If an item is not known, enter "unknown." If the item does not apply, enter N/A (not applicable).

## Putative Father's Identifying Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Social Security Number: \* \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
State that issued Driver's License: \_\_\_\_\_ State ID Number: \_\_\_\_\_  
Proof of Legal Residence: Type: \_\_\_\_\_ Number: \_\_\_\_\_  
Permanent Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Current Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: Area Code: \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
Father's Physical Description (Optional Response):  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_  
State of Conception of Child (i.e. VA, NC, MD) \_\_\_\_\_ Location of Conception of Child (i.e. City): \_\_\_\_\_  
Dates of Possible Conception: \_\_\_\_\_

## Mother's Identifying Information (if known):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Approximate Age of Mother: \_\_\_\_\_  
Permanent Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Current Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: Area Code: \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
Mother's Physical Description (Optional Response):  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

## Child's Information (if known):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Gender: \_\_\_\_\_ Child's Place of Birth: (City and State) \_\_\_\_\_  
Hospital Where Birth Occurred: \_\_\_\_\_  
Estimated Due Date of Mother: \_\_\_\_\_

This information is true and accurate to the best of my ability. This form is signed under penalty of perjury (Class 5 Felony) punishable by fine, imprisonment or both:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_